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PTO/SB/21 (09-04)

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FORM**

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Total Number of Pages in This Submission

2

Application Number

10/803,620

Filing Date

March 18, 2004

First Named Inventor

Singh

Art Unit

Examiner Name

Attorney Docket Number

ENCLOSURES (Check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Wolf, Block, Schorr and Solis-Cohen LLP

Signature

Printed name

Brian L. Belles, Esq.

Date

July 21, 2005

Reg. No.

51,322

CERTIFICATE OF TRANSMISSION/MAILING

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Laura C. Forrest

Date

July 21, 2005

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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/803,620
Filing Date	March 18, 2004
First Named Inventor	Singh
Art Unit	
Examiner Name	Palabrica
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

40440

☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Brian L. Belles, Esq. Wolf, Block, Schorr and Solis-Cohen LLP				
Address	1650 Arch Street 22nd Floor				
City	Philadelphia	State	PA	Zip	19103
Country	USA				
Telephone	215-977-2127		Email		

I am the:

☒ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Krishna P. Singh</i>		
Name	Krishna P. Singh		
Date	7/14/05	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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